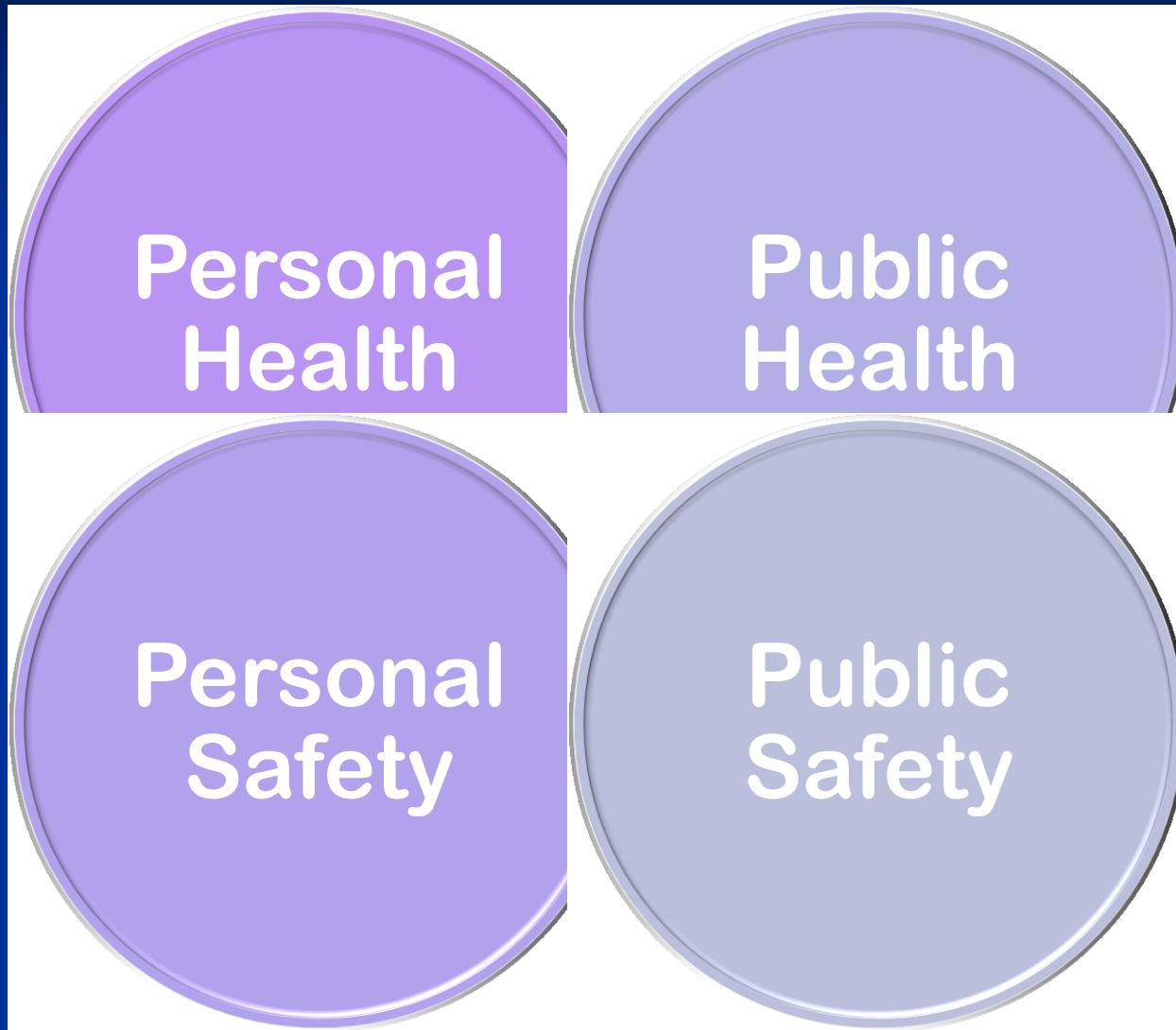


**National Transportation Safety Board**  
**Reaching Zero: Actions to Eliminate Substance-Impaired**  
**Driving**

**Terrence D. Walton, MSW, ICADC**  
**DC Pretrial Services Agency**  
**Washington, DC**

# Priority and Perspective



# Treatment Perspectives on Criminal Justice System

Obstacles

Opportunities



# Treatment

- Court mandated, yet voluntary
- Treatment as a sanction or sentence?
- 2006 meta analysis found “modest effect” on reducing drinking-driving & alcohol-impaired crashes
- Treatment retention and treatment quality likely to impact treatment effectiveness

# Treatment Variations for DWI Offenders

- Varying intensity, frequency, duration
- Low intensity (ASAM level 0.5) brief interventions
- ASAM Level I Outpatient Treatment (including brief interventions)
- ASAM Level II Intensive Outpatient Treatment
- ASAM Level III Residential Treatment
- ASAM Level IV Medically Managed Inpatient Treatment
- Non-Treatment Interventions: Alcoholics Anonymous, Control Strategies, Electronic Deterrence and Detection
- Duration: 1-2 sessions, weeks, months, months followed by aftercare

# Why so much variability?

- **Objective, valid, assessment-driven**
  - Varying risk levels
  - Varying need/severity levels
  - Varying “change readiness”
  - Research or clinically-based
  - Resource availability
- **Legal, political, subjective**
  - Court-ordered levels of care
  - One-size-fits all approaches
  - Bias, personality-driven, discrimination

# Essential Components

- Validated, standardized clinical screening and assessment
- Combining alcohol-related interventions, treatment, and control measures like license revocation
- Alcohol-specific interventions, versus generics
- Interventions with specific protocols versus merely information-giving and impact panels
- Education combined with counseling and supportive follow-up
- Strategies that encourage, though not necessarily mandate AA attendance

# Treatment Matching?

- Few DUI-specific treatment evaluations, most alcohol-specific (*even fewer specific to drugged driving*)
- Project Match: angry participants benefit from Motivational Enhancement Therapy
- Those without sober supports fared best in 12-step focused treatment programs
- Those with low levels of psychiatric co-morbidity fared best with the Twelve Step Facilitation (TSF) approach
- The addition of brief supplemental supportive counseling sessions for depressed participants
- Women and adolescents?



# Outcomes?

# Predicting DUI Recidivism Following an Alcohol Safety Action Program

- **Journal of Offender Rehabilitation (2000)**
- **Studied a rural Virginia ASAP (Rockingham/ Harrisonburg)**
  1. **Identify relevant factors in recidivism**
  2. **Predict probationer recidivism**
  3. **Evaluate the impact of the VASAP on recidivism**

# The Study

- Analyzed charted participant information from 1996
- Demographic
- Court, DMV, & criminal history records
- BAC at arrest
- Intake reports and progress notes
- Severity of alcohol problem
- VASAP Completion or revocation
- DUI convictions within one year of program completion or revocation

# The Participants

- 377 probationers
- 312 male and 65 female
- 91% White
- 6% Spanish/Mexican
- 3% African American

# The Measures

- Michigan Alcohol Screening Test (MAST)
- Virginia Department of Motor Vehicle (DMV) Records

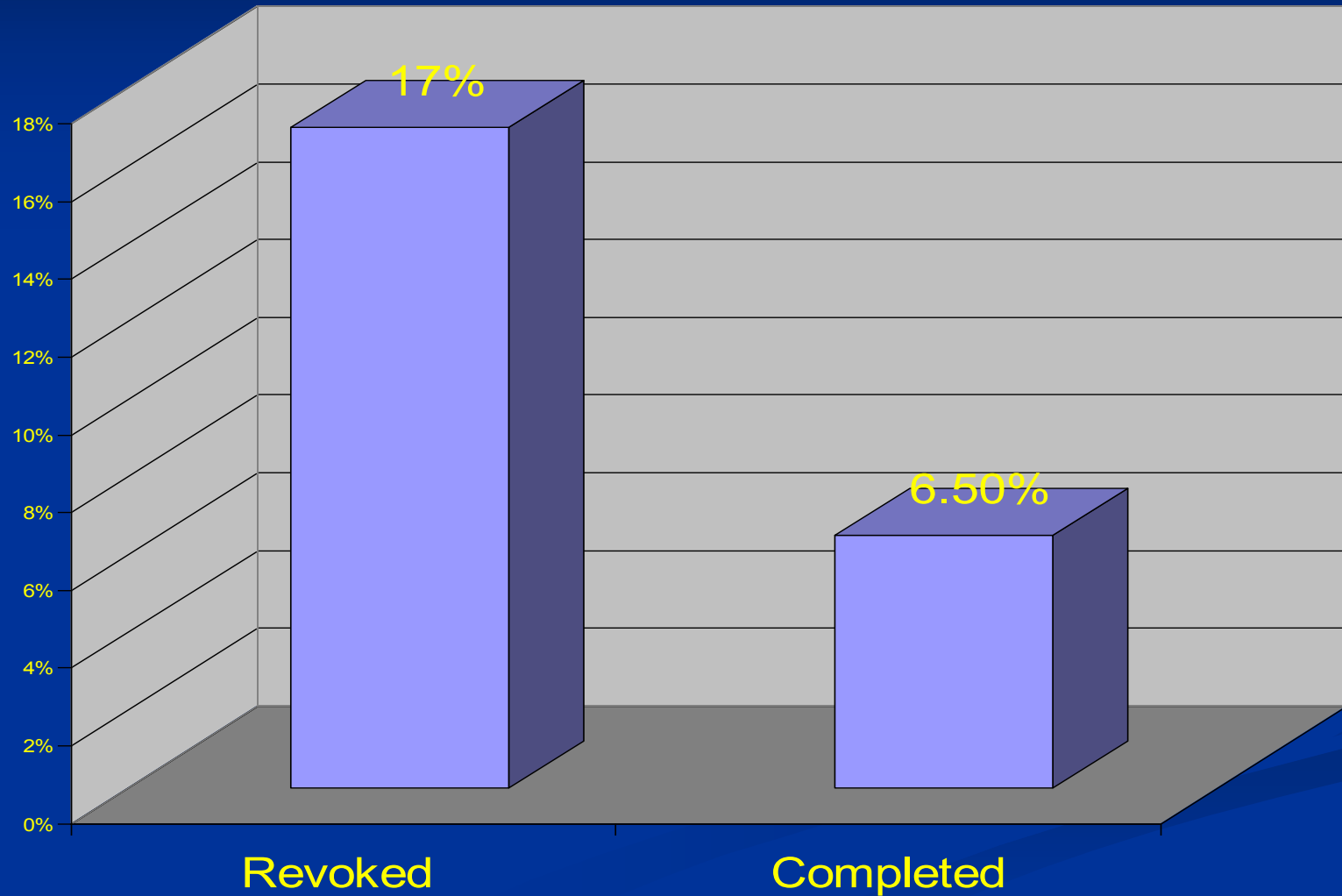
# The Results: What Didn't Matter

- Gender or ethnicity
- Number of prior DUI offenses
- BAC at arrest
- Prior VASAP enrollment
- Occupational status

# The Results: What Mattered

- Two variable were predictive of recidivism
- MAST score and VASAP revocation or completion
- Combination of two variables successfully predicted 63.6% of actual recidivists

# Recidivists





# A Big Finding

The more serious the  
alcohol involvement,  
the more likely the  
probationer is to  
recidivate

# What Wasn't Studied?

**The Quality of the  
Interventions Delivered**

# How Policy Shapers Can Help

- Promote evidence-based DWI-related treatment, as not all “treatment” is equal
- Encourage less variability in treatment delivered to similarly situated offenders by encouraging broader adherence to valid, reliable assessment and treatment placement standards (e.g. ASAM PPC IIr)
- Support broader more standardized adoption of “zero tolerance” *per se* drugged driving laws
- Encourage increased DWI-specific treatment research, including interventions focused on women and teens